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Bib Data Sheet

CONFIRMATION NO. 8380

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/740,540   | <b>FILING DATE</b><br>12/18/2000<br><b>RULE</b>   | <b>CLASS</b><br>707           | <b>GROUP ART UNIT</b><br>2175   | <b>ATTORNEY DOCKET NO.</b><br>5181-59200 |                                |
| <b>APPLICANTS</b><br>David Robinson, Sunnyvale, CA;<br>John H. Howard, Cambridge, MA;<br>Randall D. Rettberg, Danville, CA;  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b> <u>NONE</u> <u>NAD</u>   |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <u>NONE</u> <u>NAD</u>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/06/2001</b>   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance<br>Verified and Acknowledged <u>[Signature]</u> <u>19</u> <u>NAJ</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>33                | <b>INDEPENDENT CLAIMS</b><br>9 |
| <b>ADDRESS</b><br>B. Noel Kivlin<br>Conley, Rose & Tayon, P.C.<br>P.O. Box 398<br>Austin, TX 78767-0398  |   |                               |   |  |                                |
| <b>TITLE</b><br>Data storage system including a file system for managing multiple volumes  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1554   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |